

AUTHORIZED BY RULE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

NAME AND ADDRESS OF EXISTING PERMITTEE

SANTA FE MINERALS
4500 ONE WILLIAMS CENTER
TULSA, OK 74172

NAME AND ADDRESS OF SURFACE OWNER

W.A. BLANKENSHIP
(b) (6)LOCATE WELL AND OUTLINE UNIT ON
SECTION PLAT — 840 ACRES

STATE

OK

COUNTY

OSAGE

EPA ASSIGNED FORM #

2418

SURFACE LOCATION DESCRIPTION

1/4 OF

(b) (6)

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT

Surface

Location

and

(b) (6)

1913

WELL ACTIVITY

TYPE OF AUTHORIZATION

- ☒
- Brine Disposal
-
- ☐
- Enhanced Recovery
-
- ☐
- Hydrocarbon Storage

- ☒
- Individual
-
- ☐
- Area
-
- Number of Wells _____

Lease Name

Avant

Well Number

29

RECEIVED

JAN 31 1986

INJECTION PRESSURE

OSAGE UIC PROGRAM

TOTAL VOLUME INJECTED

TUBING — CASING ANNULUS PRESSURE
(OPTIONAL MONITORING)

MONTH	YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
1-85		0	0	3,570			
2-85				1,183			
3-85				1,680			
4-85				2,128			
5-85				2,485			
6-85				2,478			
7-85				2,548			
8-85				2,408			
9-85				1,281			
10-85				1,813			
11-85				3,031			
12-85				2,009			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

NAME AND OFFICIAL TITLE (Please type or print)

SIGNATURE

DATE SIGNED

Ken W. Bolt, Jr.
Sr. Production Engineer

KW Bolt Jr

1-30-86